

## PROVIDER BULLETIN

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August 24, 2022

### Home Health Program

**Applies to:** Home Health providers

**Effective date:** August 28, 2022

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- Expanded List of Allowed Ordering Practitioners
  - Plan of Care Requirements
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#### Expanded List of Allowed Ordering Practitioners

To ensure efficiency, economy, quality of care, and access, and effective for dates of service beginning August 28, 2022, the MO HealthNet Division (MHD) will allow the following, as a result of changes made to 42 CFR 440.70(f) through the CARES Act, and 197.400 RSMo enacted by House Bill 2149:

1. Nurse practitioners, clinical nurse specialists and physician assistants, under the scope of practice authorized under State law, are allowed to order home health services; and
2. Nurse practitioners, clinical nurse specialists and physician assistants ordering home health are allowed to conduct the required face-to-face visits.

#### Plan of Care Requirements

Reimbursement is only made if the ordering practitioner certifies the need for services and establishes a Plan of Care. MO HealthNet Division will no longer require the use of the CMS-485, CMS-486 and CMS-487 plan of care forms or a provider-developed plan of care form with the same fields as the CMS-485, CMS-486 and CMS-487. Provider agencies may use a standardized plan of care form or they may develop their own plan of care form as long as the form contains all the information shown below (42 CFR 484.60):

- All pertinent diagnoses;
- The patient's mental, psychosocial, and cognitive status;
- The types of services, supplies, and equipment required;
- The frequency and duration of visits to be made;
- Prognosis;
- Rehabilitation potential;

- Functional limitations;
- Activities permitted;
- Nutritional requirements;
- All medications and treatments;
- Safety measures to protect against injury;
- A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.
- Patient and caregiver education and training to facilitate timely discharge;
- Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;
- Information related to any advanced directives; and
- Any additional items the HHA or physician or allowed practitioner may choose to include.

### **Applicability**

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact [MHD.MCCommunications@dss.mo.gov](mailto:MHD.MCCommunications@dss.mo.gov).

**Provider Bulletins** are available on the MO HealthNet Division (MHD) website at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD website at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

**Provider Communications Hotline**  
**573-751-2896**